

## Lamar County Planning Department

P.O. Box 1240 - 144 Shelby Speights Purvis, Mississippi 39475 Phone: 601.794.1024 Fax: 601.794.3900

www.lamarcounty.com

## GENERAL APPLICATION FORM TO BE FILLED OUT BY PLANNING DEPARTMENT STAFF

(Staff will help you fill out an additional worksheet)

Type of Petition	Date:		Case No.:
( ) Rezoning (Change)	Zoned or Unzoned area: Plan Commission Hearing D	PPIN Number	·:
( ) Conditional Use	Plan Commission Hearing D	ate:	Action:
( ) Variance	Board of Supervisors Hearin	g Date:	Action:
( ) Site Plan	Fee:	Date Paid:	
( ) Subdivision	<del></del>		
() Waiver			
( ) Certificate of Appropriate	ness		
( ) Comprehensive Plan Ame			
( ) comprehensive rum rume			
Request:			
Property Location:			
IMPORTANT NOTES:			
( ) Due to advertising and the deadline date	d public hearing deadlines, all application	ons must be submitte	ed by noon (12:00 pm) on
	to go before the Planning Commission	n, the Petitioner or	Representative(s) must
	nning Commission meeting to addres		
the project		V	
	r at the hearing to request tabling of a po	etition, if it goes before	ore the Plan Commission
( ) All appeals of an action	on of the Planning Commission must be	submitted within 3	days of said action.
	appointed representatives must contact		
	discuss the details of this proposal		1
* *	Varranty Deed for the property needs to	be submitted	
	ats need to be submitted for all petitic		either a CAD drawing
	needs to be submitted.		
APPLICANT (if different th	at owner):		
	<del></del>		
Name:			
Mailing Address:	City:	Stat	o: Zin:
Maining Address.	City	Stat	czıp
Talanhana	(Homo Work or Coll) Email:		
Telephone:	(Home, Work, or Cell) Email:		
REFRESENTIVE/FRIVIAN	II CONTACT:		
Nama	A CEIL A TION:		
Name:	AFFILATION		
Mailing Addrage	City:	Stata	7in:
Walling Address.	City	State	Zip
Talanhana	(Home, Work, or Cell) Email:		
CURRENT OWNER(S) OF	(Holle, Work, of Cell) Ellian.		
CURRENT OWNER(S) OF	TRUFERTI		
Nama:			
manic.			<u> </u>
Mailing Address:	City	State	7in:
Mailing Address.	City:	State	z.ip
Telenhone:	(Home Work or Cell) Fma	nil·	

## WITNESS THE SIGNATURES of the OWNER(s) of the subject property located at

Street Address	City	State
on this the day of	, 20	
Owner		
Owner		
STATE OF		
COUNTY OF	·	
Personally came and appeared be	efore me, within named	
	cknowledge to me that they are the own	neir free act and deed on the day and the ner(s) of the subject property as
GIVEN UNDER MY HAND AND 20	O OFFICIAL SEAL OF NOTICE, thus t	the day of
	NOTARY PUBLIC	
My Commission Expires:		

(NO PHOTOCOPY OF NOTARY SEAL ACCEPTED)